

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155769		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/12/2012	
NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 4100 N MORRISON RD MUNCIE, IN 47304			
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F0000	<p>This visit was for the Investigation of Complaint #IN00119473. Complaint #IN00119473-Substantiated. Federal deficiencies related to the allegation are cited at F242 and F246.</p> <p>Survey date: 12/11/12</p> <p>Facility number: 011596 Provider number: 155769 AIM number: 200901690</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF: 43 SNF/NF: 10 Residential: 32 Total: 85</p> <p>Census payor type: Medicare: 23 Medicaid: 7 Other: 55 Total: 85</p> <p>Sample: 3</p>		F0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint Survey on December 11, 2012. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed 12/28/12 by Randy Fry RN.</p>						

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F0242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, interview and record review, the facility failed to ensure the right to choose their own bedtime schedule for 1 of 1 residents reviewed in a sample of 3. (Resident A)</p> <p>Findings include:</p> <p>During initial tour on 12/11/12 at 8:45 a.m., Resident A was found to be sitting in the Memory Care Unit main living room. During review of the current facility census, Resident A was found to not have a room assigned to her on the Memory Care Unit but was assigned a room on the health care side. Resident (A) currently wears a Wanderguard.</p> <p>Resident (A)'s diagnoses included but were not limited to; dementia,</p>		F0242	<p>F 242 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident A's personal preferences, including what time she would like to go to bed, was updated. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: No other resident's, who reside on the Health Center, receive day services on our Memory Care Unit. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Nursing Staff on the following guideline: Bill of Resident's Rights. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following observations will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5</p>		01/11/2013	

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	<p>hypertension, diabetes and agitation.</p> <p>Resident (A) scored a 3 of 15 for the Brief Interview Mental Status (BIMS) on the Minimum Data Set (MDS) assessment dated 10/5/12. A score of 3 indicated severe cognitive impairment on the MDS.</p> <p>During an interview on 12/11/12 at 10:00 a.m., LPN #4 indicated Resident (A) has a room on the 200 hall but spends her day in the Memory Care Unit because she often wanders. She indicated the resident will occasionally come back to the 200 hall to take a nap. She indicated the resident has no behaviors and is pleasantly confused.</p> <p>During an interview on 12/11/12 at 10:25 a.m., LPN #5 indicated Resident (A) would get agitated and anxious on the 200 hall. She indicated the resident did not come back to the 200 hall for naps but would often rest in a recliner on the Memory Care Unit.</p> <p>During an interview on 12/11/12 at 10:45 a.m., the Health Facility</p>			<p>months to ensure compliance:</p> <p>1). All resident's who receives day services on the Memory Care Unit to ensure their personal preference / choice of rest time is being honored. 2). Will observe residents for any signs / symptoms of anxiety, agitation, sleepiness or verbal statements of wanting to return to their room for rest. 3). Will observe to ensure resident is assisted to their room for rest. The results of the observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter, for further recommendations.</p>			

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	<p>Administrator indicated the resident has a semi-private room on the 200 hall, but is kept in the Memory Care Unit from the time she wakes up until the time she goes to bed. She indicated the Memory Care Unit is a private pay area and the resident currently has Medicaid and the family did not want to move the resident out of the facility, but could not afford to private pay for the Memory Care Unit. She indicated the resident has sundown syndrome and is exit seeking in the later part of the day. She indicated she does not currently have a diagnosis of sundown syndrome from a physician. She indicated the local ombudsman has not been involved with this resident or the current situation. She indicated the family is supportive of the decision to keep the resident on the Memory Care Unit during the day.</p> <p>During an interview on 12/11/12 at 11:35 a.m., QMA #6 indicated Resident (A) would not go back to 200 hall for naps and there was no place for her to lay down on the Memory Care Unit. Resident (A)</p>						

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	<p>would be taken to the staff bathroom when needed. QMA #6 indicated she was told to not take the resident back to the 200 hall until at 7 p.m. She indicated the resident would often be ready to go lay down after supper on the Memory Care Unit, but could not return until after 7 p.m.</p> <p>During an interview on 12/11/12 at 11:45 a.m., CNA #7 indicated Resident (A) would get upset if she could not go any lay down in her room after supper. She indicated management would get upset if Resident (A) was returned to the 200 hall before 7 p.m. because the staff were busy finishing with supper and could not watch her as closely.</p> <p>During an interview on 12/11/12 at 12:00 p.m., Social Service Director indicated 7 p.m. was the time they decided Resident (A) would return to the 200 hall. If Resident (A) was returned prior to 7 p.m., she would often have a behavior, but was easily redirected.</p> <p>During an interview on 12/11/12 at</p>						

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	<p>12:05 p.m., the DoN indicated Resident (A) would wander because she was overstimulated on the 200 hall. Resident (A) would come back between 6-8 p.m. to go to bed. She indicated she did tell a CNA the resident was not to be returned to the 200 hall prior to 7 p.m., but that employee is no longer employed at the facility.</p> <p>During an interview on 12/11/12 at 2:10 p.m., LPN #8 indicated the Memory Care Unit CNA's get Resident (A) ready for bed before going back to the 200 hall. She indicated the CNA's are busier on the 200 hall and do not have time to monitor Resident (A).</p> <p>During an interview on 12/11/12 at 3:55, Resident (A)'s daughter indicated she was aware her mother was placed on the Memory Care Unit during the day, but was unaware of a concern that her mother became anxious and agitated after dinner because she wanted to return to the 200 hall to go to bed.</p>						

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	<p>During review of clinical record on 12/11/12, Resident (A)'s record indicated a resident preference for customary routine and activities worksheet, dated 6/18/12, which was provided by the corporate nurse on 12/11/12 at 4:40 p.m. The record indicated record could not be completed by resident, family or significant other. Review of a conference note dated 6/26/12, indicated the resident required special assistance with supervision due to ambulatory cognition and safety concerns.</p> <p>Review of a current facility policy dated 10/2004 titled "Bill of Resident Rights" which was provided by the Administrator on 12/11/12 at 9:30 a.m., indicated the following:</p> <p>35. Dignity/Self Determination and Participation: You have the right to receive care from the facility in a manner...you have the right to:</p> <p>a. Choose activities, schedules, and health care consistent with your interests, assessments, and plans of care.</p>						

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F0246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation, interview and record review, the facility failed to provide reasonable accommodation for 1 of 1 residents reviewed in a sample of 3. (Resident A).</p> <p>Findings include:</p> <p>During initial tour on 12/11/12 at 8:45 a.m., Resident A was found to be sitting in the Memory Care Unit main living room. During review of the current facility census, Resident A was found to not have a room assigned to her on the Memory Care Unit but was assigned a room on the health care side. Resident (A) currently wears a Wanderguard.</p> <p>Resident (A)'s diagnoses included but are not limited to; dementia, hypertension, diabetes and agitation. Resident (A) scored a 3 of 15 for the</p>		F0246	<p>F 246</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident A's personal preferences, including what time she would like to go to bed, was updated.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: No other resident's, who reside on the Health Center, receive day services on our Memory Care Unit.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Nursing Staff on the following guideline: Bill of Resident's Rights.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does</p>		01/11/2013	

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	<p>Brief Interview Mental Status (BIMS) on the Minimum Data Set (MDS) assessment dated 10/5/12. A score of 3 indicated severe impairment on the MDS.</p> <p>During an interview on 12/11/12 at 10:00 a.m., LPN #4 indicated Resident (A) has a room on the 200 hall but spends her day in the Memory Care Unit because she often wanders. She indicated the resident will occasionally come back to the 200 hall to take a nap. She indicated the resident has no behaviors and is pleasantly confused.</p> <p>During an interview on 12/11/12 at 10:25 a.m., LPN #5 indicated Resident (A) would get agitated and anxious on the 200 hall. She indicated the resident did not come back to the 200 hall for naps but would often rest in a recliner on the Memory Care Unit.</p> <p>During an interview on 12/11/12 at 10:45 a.m., the Health Facility Administrator indicated the resident has a semi-private room on the 200</p>			<p>not recur: The following observations will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: 1). All resident's who receives day services on the Memory Care Unit to ensure their personal preference / choice of rest time is being honored. 2). Will observe residents for any signs / symptoms of anxiety, agitation, sleepiness or verbal statements of wanting to return to their room for rest. 3). Will observe to ensure resident is assisted to their room for rest.</p> <p>The results of the observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter, for further recommendations.</p>			

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	<p>hall, but is kept in the Memory Care Unit from the time she wakes up until the time she goes to bed. She indicated the Memory Care Unit is a private pay area and the resident currently has Medicaid and the family did not want to move the resident out of the facility, but could not afford to private pay for the Memory Care Unit. She indicated the resident has sundown syndrome and is exit seeking in the later part of the day. She indicated she does not currently have a diagnosis of sundown syndrome from a physician. She indicated the local ombudsman has not been involved with this resident or the current situation. She indicated the family is supportive of the decision to keep the resident on the Memory Care Unit during the day.</p> <p>During an interview on 12/11/12 at 11:35 a.m., QMA #6 indicated Resident (A) would not go back to 200 hall for naps and there was no place for her to lay down on the Memory Care Unit. Resident (A) would be taken to the staff bathroom when needed. QMA #6 indicated she</p>						

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	<p>was told to not take the resident back to the 200 hall until at 7 p.m. She indicated the resident would often be ready to go lay down after supper on the Memory Care Unit, but could not return until after 7 p.m.</p> <p>During an interview on 12/11/12 at 11:45 a.m., CNA #7 indicated Resident (A) would get upset if she could not go any lay down in her room after supper. She indicated management would get upset if Resident (A) was returned to the 200 hall before 7 p.m. because the staff were busy finishing with supper and could not watch her as closely.</p> <p>During an interview on 12/11/12 at 12:00 p.m., Social Service Director indicated 7 p.m. was the time they decided Resident (A) would return to the 200 hall. If Resident (A) was returned prior to 7 p.m., she would often have a behavior, but was easily redirected.</p> <p>During an interview on 12/11/12 at 12:05 p.m., the DoN indicated Resident (A) would wander because</p>						

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	<p>she was over stimulated on the 200 hall. Resident (A) would come back between 6-8 p.m. to go to bed. She indicated the resident has never been out of the facility but will occasionally be seen by the doorways. She indicated she did tell a CNA the resident was not to be returned to the 200 hall prior to 7 p.m., but that employee is no longer employed at the facility.</p> <p>During an interview on 12/11/12 at 2:10 p.m., LPN #8 indicated the Memory Care Unit CNA's get Resident (A) ready for bed before going back to the 200 hall. She indicated the CNA's are busier on the 200 hall and do not have time to monitor Resident (A).</p> <p>During an interview on 12/11/12 at 3:55, Resident (A)'s daughter indicated she was aware her mother was placed on the Memory Care Unit during the day, but was unaware of a concern that her mother became anxious and agitated after dinner because she wanted to return to the 200 hall to go to bed.</p>						

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NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 4100 N MORRISON RD MUNCIE, IN 47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>During review of clinical record on 12/11/12, Resident (A)'s record indicated a resident preference for customary routine and activities worksheet, dated 6/18/12, which was provided by the corporate nurse on 12/11/12 at 4:40 p.m. The record indicated record could not be completed by resident, family or significant other. Review of a conference note dated 6/26/12, indicated the resident required special assistance with supervision due to ambulatory cognition and safety concerns.</p> <p>Review of a current facility policy dated 10/2004 titled "Bill of Resident Rights" which was provided by the Administrator on 12/11/12 at 9:30 a.m., indicated the following:</p> <p>38. You have the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences except when your health or safety of other residents would be endangered.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/03/2013

FORM APPROVED

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	3.1-3(v)(1)						